

Field Treatment

1. Contact Hazmat resources according to Provider Agency protocol
2. Secure area and establish incident site according to Provider Agency protocol^①
3. If signs of Cyanide poisoning administer **Amyl nitrite 1 ampule** in conjunction with decontamination^②

Note: ^③

4. Basic airway/spinal immobilization prn
5. Oxygen
6. Advanced airway prn
7. Cardiac monitor/document rhythm and attach EKG strip^④
8. Venous access prn
9. If hypotensive, consider fluid challenge
10. If wheezing, consider **albuterol 5mg** via hand-held nebulizer^①
- ☞ May repeat prn
11. If signs of organophosphate poisoning treat by ORGANOPHOSPHATE EMERGENCY **E7** guideline

NERVE AGENTS	NERVE AGENTS (continued)	CYANIDE	PULMONARY IRRITANTS
<p>12. MILD exposure: miosis, rhinorrhea and SOB – 1 Mark I kit (atropine 2 mg and Pralidoxime Chloride 600 mg) IM. If SOB persists atropine 2mg IM or IV ② ③</p> <p>☞ May repeat atropine every 5 minutes until patient is no longer SOB</p> <p>13. MODERATE exposure: miosis, rhinorrhea, severe SOB and/or vomiting and diarrhea - 2 Mark I kits IM, one after the other. If symptoms persist, atropine 2mg IM or IV ② ③</p> <p>☞ May repeat atropine every 5 minutes until SOB and GI symptoms improve</p>	<p>14. SEVERE exposure: respiratory distress, cyanosis, extreme SLUDGE, seizures, unconsciousness, - 3 Mark I kits IM, one after the other; midazolam 5mg IM/IN or 2-5mg IVP titrated ⑤ ⑥</p> <p>☞ May repeat midazolam IV every 2-3 mins or IM/IN once in 5 minutes^{⑤ ⑥}</p> <p>If symptoms persist atropine 2mg IM or IV ② ③</p> <p>☞ May repeat atropine every 5 minutes until symptoms improve</p> <p>☞ Administer additional Mark I kits for a total of 3 if symptoms progress in MILD OR MODERATE exposures</p>	<p>12. Amyl Nitrite 1 ampule ^②</p>	<p>12. Phosgene: Limit patient exertion to prevent acceleration of lung damage. (Do not use furosemide for treating pulmonary edema)</p> <p>13. Ammonia: Flush skin and eyes with copious amounts of water and irrigate eyes continuously prn</p> <p>14. Chlorine: Flush skin and eyes with copious amounts of water prn</p>

Drug Considerations

Albuterol:



- ① Pediatrics:** see Color Code Drug Doses/L.A. County Kids

Atropine:



- ② Pediatric dose:**
0.05 mg/kg IVP, IM
- ③ After 6mg IM, subsequent doses given IV**

Pralidoxime Chloride (if available):



- ④ Pediatric dose:**
<20kg or <2 years 20mg/kg IM one time
>20kg or over 2 years give adult dose one time

Midazolam:



- ⑤ Maximum adult dose:** 10mg
- ⑥ Pediatric dose:**
0.1mg/kg IVP/IM/IN see **Color Code Drug Doses/ L.A. County Kids**

Special Considerations

- ① Protective measures:
 - ✓ Wear protective equipment/gear
 - ✓ **Ensure decontamination procedures are completed before treatment or transport to facility**
- ② Amyl Nitrite ampule:
 - ✓ Crush ampule
 - ✓ Use new ampule every 2-3 minutes
 - ✓ Tape to inside BVM mask
 - ✓ Ventilate for 60 seconds
 - ✓ Remove ampule
 - ✓ Continue to ventilate for 15 seconds
 - ✓ Repeat steps until IV cyanide antidote available
- ③ If eye involvement:
 - ✓ Continuous flushing with NS during transport
 - ✓ Allow patient to remove contact lenses, if possible
- ④ Dysrhythmias are common with toxic inhalation-see appropriate dysrhythmia guideline